

CLAIMS ONLY							Application Number <b>091517345</b>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/										
2		/									
3		/									
4		/									
5		/									
6		/									
7		/									
8		/									
9		/									
10		/									
11		/									
12		/									
13		/									
14		/									
15		/									
16		/									
17		/									
18		/									
19		/									
20	/										
21		/									
22		/									
23		/									
24		/									
25	/										
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49	/										
50		/									
Total											
Indep	4										
Depend	22										
Total	26										

  

51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
59		/				
60		/				
61	/					
62	/					
63		/				
64		/				
65		/				
66		/				
67	/					
68		/				
69		/				
70		/				
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
Total						
Indep	3					
Depend	17					
Total	20					

1.6  
42